

HOME ENERGY ASSISTANCE/UNIVERSAL SERVICE FUND (USF) AND WEATHERIZATION PROGRAM APPLICATION

Applicant Address				09 Housing Type		Application Date: ____/____/____						
	Last Name	01	First Name	02	MI	03	Mailing Address	10 Mailing address				
	Street Address 04							Apt.#	Street Address	Apt.#		
	City 05							State 06	Zip Code 07	City	State	Zip Code
	Tel. Number: _____ - _____ - _____ 08							Alternate Tel.# : _____ - _____ - _____				

11 List all household members including applicant (Please Print)

	Names	Date of Birth	Relationship	Social Security Number	US Citizen?		Disabled	
					YES	NO	YES	NO
1			Applicant					
2								
3								
4								
5								
6								
7								
8								
9								
10								

12 Are you applying for:
☐ HEA ☐ USF ☐ *COOLING ☐ WEATHERIZATION

***When applying for cooling benefits, you must attach a doctor's note to prove medical need.**

13 Please answer the following questions:

1 Do you own your own home? Yes ☐ No ☐

2 Do you pay for your own heat? Yes ☐ No* ☐

***If no, check the alternative that best describes your heating arrangement:**

☐ A. My heat is paid by others.

☐ B. My heat is provided by a Public Housing Authority, or I receive a rent subsidy and my heat is included in my rent.

☐ C. I pay only for a secondary source of heat (such as a wood stove, a kerosene stove, electric heater, etc.)

☐ D. My heat is included in my rent, which is not subsidized.

☐ E. I pay a separate charge to my landlord for heat.

3 Do you live in subsidized housing? Yes ☐ No ☐

4 Do you receive rental assistance? Yes ☐ No ☐

5 Do you live in a Residential Health Care Facility? Yes ☐ No ☐

6 Is anyone in your household receiving TANF? Yes ☐ No ☐

7 Is anyone in your household receiving Food Stamps? Yes ☐ No ☐

**For Office
Use Only**

Verification
included?

☐ Yes ☐ No
☐ Yes ☐ No

Hurricane Katrina
Evacuee?
☐ *Yes ☐ No

***Affidavit Required**

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

14 Primary Heating Fuel Type
☐ Oil ☐ Electricity
☐ Propane ☐ Kerosene
☐ Wood ☐ Coal
☐ Natural Gas

15 Heating Fuel Supplier Name: _____

16 Natural Gas Account #: _____

17 Natural Gas Supplier Name: _____

18 Electric Account #: _____

19 Electric Supplier Name: _____

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20 Authorized Representative

Last Name _____ First Name _____ MI _____ Street Address _____ Apt.# _____
 Tel. Number: _____ - _____ - _____ City _____ State _____ Zip Code _____

21 Main language spoken in your household: _____**22 Income - List all household members' income over age of 18 (Please Print)**

Household Income	Names	*Pay cycle	Amount	Income Source	Income Source(s) & Pay Cycle:	
					Wages	TANF
					Unemployment	Alimony
					Workers Comp	Child Support
					Social Security Benefits	Interest/Investment
					SSI Benefits	Famly Contributions
					Pension	Gifts
					Veteran's Benefits	Rental Income
					*Pay cycle:	
					Weekly, Bi-Weekly,	
				Monthly, Bi-Monthly		
				Annual		

23 Weatherization Have you received weatherization in the past? *Yes No ☐

If yes, please indicate month/year: ____/____/____

Total Monthly Household Income: \$ _____ Total Annual Household Income: \$ _____

AGENCY NAME: _____

COMMENTS:

INTERVIEWER: _____

CERTIFICATION: ☐ APPROVED - WAP ☐ INCOME ELIGIBLE
☐ APPROVED - MULTI-DWELLING UNIT ☐ NON INCOME ELIGIBLE
☐ NOT APPROVED

DATE HOME AUDIT WAS CONDUCTED: ____/____/____

DATE APPLICATION WAS RECEIVED: ____/____/____

ADJUSTED APPLICATION DATE: ____/____/____

ACTUAL COST: \$ _____

PRO-RATED COST: \$ _____

LANDLORD

CONTRIBUTION: Yes ☐ \$ _____DOE: Yes ☐ \$ _____UTILITY FUNDS: Yes ☐ \$ _____DHS: Yes ☐ \$ _____OTHER: Yes ☐ \$ _____

By: _____

Weatherization Manager

Date: _____

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APPLICATION

24 APPLICANT CERTIFICATION

I certify that information given in this application is true, complete and correct to the best of my knowledge and ability. I further hereby declare that I am aware of the eligibility requirements for the Home Energy Assistance, USF and Weatherization programs. I understand that I must furnish verification or proof of income. I also give my consent to verify my income from any of the sources. If I am applying for weatherization assistance, I am aware that it is my obligation to notify this agency immediately by mail or in person of any changes in my income, address or circumstances. I understand that I may be required to have my home inspected by authorized agency personnel for the purpose of estimating and performing the weatherization work or field review for the Home Energy Assistance Program (HEAP). I understand that I may request a fair hearing if I am not satisfied with any action taken in this application. I understand that all payments made through the HEAP must be used towards the purchase of heating/cooling energy. I am aware that I may be penalized by fine and/or imprisonment for making false statements on this application. I understand information concerning my eligibility for HEAP may be shared with my fuel supplier as a condition for continuation of service under the Winter Termination Program.

I grant permission to the (administering agency) or its designee and to a representative of the state Weatherization Program to inspect heating fuel and utility billing records for (applicant address) _____ for not more than five years before and subsequent to the performance of the weatherization work for the sole purpose of obtaining data required for evaluation of energy conserving effectiveness of the work done. This information may also be used to determine eligibility for the Universal Service Fund and other government related programs for which I may be eligible. I direct the appropriate utility and fuel companies to make such records available to (the administering agency) or its designee.

I hereby certify that I have read and understand the application and certification above.

Signature of Applicant or Authorized Representative

Date

25 *Race

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ American Indian or Alaskan Native and Asian
- ☐ American Indian or Alaskan Native and Black or African American
- ☐ American Indian or Alaskan Native and Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan Native and White
- ☐ Asian and Black or African American
- ☐ Asian and Native Hawaiian or Other Pacific Islander
- ☐ Asian and White
- ☐ Black or African American and Native Hawaiian or Other Pacific Islander
- ☐ Black or African American and White
- ☐ Hispanic-Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White and Native Hawaiian or Other Pacific Islander

* This is voluntary information. It is compiled and recorded for statistical purposes only. The HEAP/USF and Weatherization programs can not discriminate for reason of race or ethnic background, religion, gender, sexual orientation or political affiliation.

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Instructions for LIHEAP/USF Application

Please notice that there is a number next to every question or field in this application. These numbers will serve as a guide for filling out this application.

01. Last Name – Print the last name of the Applicant.
02. First name- Print the first name of the Applicant.
03. Middle Initial (MI) – Print the middle initial of the Applicant.
04. Street Address- Print the full street number and name of your primary residence.
05. City- Print the name of the city where the primary residence of your household (family) is located.
06. State- Print the name of the state where the primary residence of the household (family) is located.
07. Zip Code- Enter zip code of household's (family) primary residence.
08. Telephone number- Enter household's (family) primary telephone number.
09. Housing Type - Indicate in what type of housing unit you reside.
10. Mailing Address- Enter your full mailing address if different from primary residence.
11. List of all household members- In this section you have to write/print the names of all household members residing in the unit, starting with the head of household; dates of birth for every member of the household; relationship to the head of the household; social security numbers for all the members of the household and declaration of US citizenship. Please also indicate if the household member is disabled.
12. What are you applying for? - Check for which of the following programs you are applying for:
Heating/USF, Cooling or weatherization.
13. In this section answer every question to the best of your knowledge.
14. Primary Heating Fuel Type- Please indicate your primary heating fuel (example: if you pay for natural gas to heat your house, but have to use an electric heater to heat any specific room of your unit, your primary heating fuel type will be natural gas)
15. Heating Fuel Supplier Name- Print the name of the company that supplies your heating fuel (Example: PSEG Co., Conectiv, Scott Oil Co. etc)
16. Natural Gas Account Number- Enter your gas utility account number. You can find this number on your gas and electric bill.
17. Natural Gas Company Name – Please indicate the name of the company that supplies your natural gas.
18. Electric Account Number - Enter your electric account number if different from your gas account. You can find this number on your electric bill.
19. Electric Company Name – Indicate the name of the company that supplies your electricity.
20. Authorized Representative - Print the Name and Address of the person who is submitting this application on your behalf. This person's name will appear on all Home Energy Assistance benefit checks that you will receive. If you are completing your own application leave this space blank
21. Main Language spoken in your household- Enter main language used in your household (English, Spanish, French, etc.)
22. Household Income - Indicate the income and pay cycle of all members of your household (over the age of 18) using the list of possible income sources found on the right side of income block.
23. Weatherization- Check yes or no to indicate if your unit has been weatherized. If yes enter the month and the year.
24. Applicant Certification- Please read, sign and date Applicant Certification (You must sign this certification, otherwise your application will not be processed).
25. Race - Please indicate your race. (Optional)

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Hurricane Katrina Evacuee Affidavit

Case Name: _____ Case Number: _____

Applicant Certification Date: _____

Current Address: _____ Applicant Former Address: _____

Current Telephone#: _____ Former Telephone#: _____

This will certify that I was living in an area affected by Hurricane Katrina (Alabama, Louisiana, Mississippi) when the hurricane struck.

To the best of my knowledge, I certify under penalty of perjury that the information on this affidavit is true.

Applicant Signature

Date

Witness: _____
CWA/MWA or CAP Worker
Signature

Title

Phone Number